

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER CITIZEN POWER CAMPAIGN SUPPORTED BY THE LINCOLN CLUB OF ORANGE COUNTY			Date of This Filing <u>02/05/2010</u>	Date Stamp Page 1 of 2	<div style="background-color: black; color: white; padding: 10px; font-weight: bold; font-size: 24px;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (714)573-2201	I.D. NUMBER (if applicable) 1322497	Report No. <u>CR-3</u>			
STREET ADDRESS					
CITY TUSTIN	STATE CA	ZIP CODE 92780			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>2</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/04/2010 - 02/04/2010	The Lincoln Club of San Diego County San Diego, CA 92119 ID# 831561	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
02/04/2010 - 02/04/2010	Thomas P. Bengard San Clemente, CA 92672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Independent Bengard Family Trust	\$20,000.00
02/04/2010 - 02/04/2010	Larry T. Smith Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Independent Smith Living Trust	\$10,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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CITY TUSTIN	STATE CA	ZIP CODE 92780			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: